

Case Number:	CM13-0020240		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2012
Decision Date:	05/07/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old male who reported injury on 11/02/2012, after a pallet fell onto the injured worker and reportedly caused injury to his low back and bilateral legs. The injured worker's treatment history included medications, physical therapy, psychological support, a home exercise program, and a functional restoration program. The injured worker was evaluated on 08/13/2013. It was documented that the injured worker had continued low back pain radiating into the bilateral lower extremities. Objective findings included the ability to walk on the injured worker's heels and toes, with a normal gait and stance, and motor strength of the bilateral lower extremities within normal limits. It was noted that the use of Lyrica and Motrin were initiated at this appointment. The injured worker was again evaluated on 10/08/2013. It was noted that the patient had ongoing low back pain complaints that radiated into the lower extremities. The injured worker's medication schedule included Ultracet, Motrin, Lyrica, Prozac, Prilosec, and Gralise. It was documented at that appointment that medications were considered to be helpful, and assisted the injured worker in working full time. A request was made for additional medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LYRICA 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

Decision rationale: The requested Lyrica 50 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of anticonvulsants in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker receives significant pain relief, and that the injured worker's medications allow full-time employment. However, the request as it is submitted is incomplete and does not contain a frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Lyrica 50 mg #60 is not medically necessary or appropriate.